KINDERGARTEN TO GRADE 12 WELLNESS PROGRAMS

SUMMARY OF STAKEHOLDER INPUT

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EXECUTIVE SUMMARY

The health and education of children and youth in Alberta are crucial to the future of the province. However, it is becoming apparent that health and learning outcomes are increasingly difficult for children and youth to achieve.

In recent years, a number of government initiatives addressed the growing concern for the health of school-aged children and youth. For example, in 2003, the Alberta Commission on Learning recommended the introduction of a new wellness program for all students from Kindergarten to Grade 12; in 2004, a Joint Consortium for School Health was established to build system capacity for promoting health through school-based and school-linked programs; in 2006, Alberta Health and Wellness dedicated funding to new programs to support healthy weights for children and youth; and, in 2007, the Government of Alberta released Healthy Kids Alberta (HKA), a provincial wellness framework that facilitates a comprehensive and cross-sectoral approach for current and future child and youth wellness activities. The HKA framework includes the Healthy Alberta School Communities strategic plan, which provides a multifaceted approach that supports the development and implementation of health promotion strategies to enhance the wellness of school-aged children and youth.

Alberta Education is currently exploring opportunities to develop new wellness-related curricula. Consultations, in the form of focus group meetings, were held between November 2007 and March 2008 across the province with a variety of stakeholders. The consultations were used to inform curriculum development and answer the following questions:

- Does K–9 Health and Life Skills + K–12 Physical Education (PE) + Career and Life Management (CALM) + Daily Physical Activity (DPA) = Wellness?

- Do our current programs of study provide students with the knowledge, skills and attitudes to make lifelong healthy choices, develop healthy active lifestyles and achieve optimal wellness?

A total of 197 participants representing teachers, administrators and community members, including Francophone and First Nations, Métis and Inuit (FNMI) communities, from 93 different school jurisdictions/organizations participated in the 12 focus groups. A variety of individual and group processes were used to gather feedback from participants in four main areas:

- What does wellness mean?

- What knowledge, skills and attitudes do students need to develop a healthy active lifestyle and make healthy choices for a lifetime?

- What needs to be kept, changed and added to current programs?

- What needs to change in terms of program implementation or curriculum structure?

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Key findings of the consultations include the following.

- Stakeholders indicated that wellness is multidimensional in nature and includes elements such as physical, mental, emotional and spiritual health. In addition, these elements do not exist in isolation; it is the balance and interplay of these elements that constitute wellness.

- Supportive relationships and environments are necessary for wellness.

- Stakeholders indicated that a definition of wellness appropriate for Alberta schools would reflect the concepts of a lifelong or ongoing process, choice and balance among the dimensions of health; e.g., physical, mental, emotional and spiritual.

- To achieve and maintain wellness, students need:
  - knowledge of a variety of topics, particularly physical activity and healthy eating, and an understanding of wellness
  - skills to make informed healthy decisions in daily life and practice making healthy choices in a supportive environment
  - an attitude that values, appreciates and is dedicated to lifelong health for self and others.

- Stakeholders expressed a desire to keep most of the content from the current K–12 PE, K–9 Health and Life Skills, and CALM programs of study. However, stakeholders also indicated that changes could be made to better meet the needs of students.

- The amount of overlap between the current K–12 PE, K–9 Health and Life Skills, and CALM programs of study is an area to be addressed. Opportunities for integrating content in health, PE and other subject areas should be reviewed and highlighted.

- Stakeholders identified the importance of working in partnership with government ministries, communities, families and the whole school through a comprehensive school health approach and providing an environment supportive of healthy choices as essential components of a successful wellness program.

- Accountability is needed to ensure that implementation of a new wellness program is a priority in schools and jurisdictions. Schools need direction on how to adopt a comprehensive school health approach and create a culture of wellness in the school community given competing priorities and initiatives.

- Implementation of a new wellness program needs to be supported in a variety of ways to ensure the successful delivery of a quality program; e.g., support a teacher in each school in the province to coordinate, model and deliver a wellness program, and to provide a variety of accessible resources in the form of printed materials, professional development opportunities, and idea/strategy sharing.

PART 1: INTRODUCTION AND BACKGROUND INFORMATION

Introduction

The current trend toward childhood overweight and obesity, the early onset of chronic diseases and the growing number of young people with mental health issues is demanding a renewed focus on the well-being of children and youth.

In recent years, a number of government initiatives addressed the growing concern for the health of school-aged children and youth. For example, in 2003, the Alberta Commission on Learning recommended the introduction of a new wellness program for all students from Kindergarten to Grade 12; in 2004, a Joint Consortium for School Health was established to build system capacity for promoting health through school-based and school-linked programs; in 2006, Alberta Health and Wellness dedicated funding to new programs to support healthy weights for children and youth; and, in 2007, the Government of Alberta released Healthy Kids Alberta (HKA), a provincial wellness framework that facilitates a comprehensive and cross-sectoral approach to current and future child and youth wellness activities. The HKA framework includes the Healthy Alberta School Communities strategic plan, which provides a multifaceted approach that supports the development and implementation of health promotion strategies to enhance the wellness of school-aged children and youth.

Alberta Education is committed to promoting health and wellness for Alberta students through the provision of the K–12 PE, K–9 Health and Life Skills, and CALM programs of study and the DPA Initiative, and is currently exploring opportunities to develop new wellness-related curricula. Consultations, in the form of focus group meetings, were held across the province with a variety of stakeholders. The consultations were a component of the exploratory process that informs curriculum development.

Methodology

Consultation Overview

A total of 12 focus group meetings were held across the province to hear from stakeholders about Alberta Education wellness programs. Representatives from the Curriculum Branch and French Language Services Branch facilitated the focus group meetings and led participants through a variety of processes to gather input related to the following questions:

- Does K–9 Health and Life Skills + K–12 PE + CALM + DPA = Wellness?
- Do our current programs of study provide students with the knowledge, skills and attitudes to make lifelong healthy choices, develop healthy active lifestyles and achieve optimal wellness?

A total of 197 participants representing teachers, administrators and community members, including Francophone and First Nations, Métis and Inuit (FNMI) communities, from 93 different school jurisdictions/organizations participated in the 12 focus group meetings held across the province between November 2007 and March 2008. A variety of individual and group processes were used to gather feedback from participants in four main areas:

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- What does wellness mean?
- What knowledge, skills and attitudes do students need to develop a healthy active lifestyle and make healthy choices for a lifetime?
- What needs to be kept, changed and added to current programs?
- What needs to change in terms of program implementation or curriculum structure?

Six of the 12 focus group meetings were held with representatives from FNMI school communities. The agendas for these meetings varied depending on the time available. In most cases, time did not allow for discussion of each of the four main areas. Analysis of the information that was provided is included throughout the report in the appropriate sections.

A copy of the agenda and facilitation outline developed for the focus group meetings is included in Appendix 1. Participants from PR MH were invited to other locations due to low numbersFocus group meetings scheduled for Peace River and Medicine Hat were cancelled due to low enrolment and these participants were invited to attend a different meeting. The locations, dates and participants in the focus groups were as follows.

Date	Location	Number of Participants	# of School Jurisdictions/ Organization Represented
November 23, 2007	**Peace River (FNMI)**	**7**	**7**
Bigstone Education Authority Society, High Prairie School Division, Holy Family Catholic Regional Division, Horse Lake First Nation, Peace River School Division, Sucker Creek First Nation, Western Cree Tribal Council			
November 27, 2007	**St. Paul (FNMI)**	**6**	**3**
Federally Administered Schools, Frog Lake Band, Saddle Lake Education Authority			
November 29, 2007	**Wetaskiwin (FNMI)**	**20**	**9**
Chinook's Edge School Division, Chipewyan Prairie First Nation, Edmonton School District, High Prairie School Division, Kisipatnahk School Society, Meskanahk Ka-Nipa-Wit School, Miyo Wahkohtowin Community Education Authority, Nipisihkopahk Education Authority, Red Deer Public School District			
December 4, 2007	**Calgary (FNMI)**	**15**	**7**
Calgary School District, Calgary Roman Catholic Separate School District, Canadian Rockies Regional Division, Golden Hills School Division, Morley/Nakota, Siksika Board of Continuation, Tsuu T'ina Nation			
December 6, 2007	**Lethbridge (FNMI)**	**9**	**5**
Holy Spirit Roman Catholic Separate Regional Division, Kainai Board of Education, Lakeland Roman Catholic Separate School District, Palliser Regional Division, Treaty 7 Management Corporation			
January 15, 2008	**Red Deer**	**15**	**7**
Chinook's Edge School Division, Clearview School Division, Greater North Central Francophone Education Region, Red Deer Catholic Regional Division, Red Deer Public School District, Wetaskiwin Regional Division, and Schools Come Alive			

Date	Location	Number of Participants	# of School Jurisdictions/ Organization Represented
January 16, 2008	**Calgary**	**32**	**13**
Alberta Distance Learning Centre (Lethbridge), Calgary School District, Calgary Girls' School Society, Calgary Roman Catholic Separate School District, Canadian Rockies Regional Division, Clear Water Academy Foundation, Foothills School Division, Foundations for the Future Charter Academy Charter School Society, Golden Hills School Division, Greater Southern Separate Catholic Francophone Education Region, Prairie Land Regional Division, Rocky View School Division, and Ever Active Schools			
January 23, 2008	**Grande Prairie**	**8**	**4**
Grande Prairie School District, Northland School Division, Peace River School Division, and Peace Wapiti School Division			
January 24, 2008	**Edmonton (FNMI)**	**11**	**8**
Alexis First Nation, Evergreen Catholic Separate Regional Division, Grande Yellowhead Regional Division, Northern Gateway Regional Division, O'Chiese Education Authority, Paul Band Education Authourity, Portage College, Swan River First Nation			
January 25, 2008	**Edmonton**	**54**	**22**
Battle River Regional Division, Black Gold Regional Division, Buffalo Trail Public Schools Regional Division, Canadian Rockies Regional Division, Edmonton Catholic Separate School Division, Edmonton School District, Elk Island Public Schools Regional Division, Grande Yellowhead Regional Division, Greater North Central Francophone Education Region, High Prairie School Division, Lakeland Roman Catholic Separate School District, Living Waters Catholic Regional Division, New Horizons Charter School Society, Northern Lights School Division, Northland School Division, Parkland School Division, Pembina Hills Regional Division, St. Albert Protestant Separate School District, St. Thomas Aquinas Roman Catholic Separate Regional Division, Sturgeon School Division, Wetaskiwin Regional Division, and Ever Active Schools			
January 29, 2008	**Fort McMurray**	**10**	**2**
Fort McMurray Public School District and Fort McMurray Roman Catholic Separate School District			
February 12, 2008	**Lethbridge**	**10**	**6**
Horizon School Division, Lethbridge School District, Livingstone Range School Division, Medicine Hat Catholic Separate Regional Division, Medicine Hat School District, and Palliser Regional Division			
TOTAL	**12** Focus Group Meetings	**197** Participants	**93** School Jurisdictions/ Organizations Represented

Data Analysis

A number of steps were used to analyze the data from the focus groups. First, the chart paper and feedback forms were collated, summarized and sent to participants for verification. Second, Microsoft Excel spreadsheets were used to sort and code the text of the collated data. The coded data were further reduced by partitioning and clustering into different categories. Finally, these categories were grouped together to search for recurring themes. An example of a coded spreadsheet is provided in Appendix 2. Categories were identified first by location and a provincial theme analysis was the final step for each of the four main areas of discussion:

- What does wellness mean?
- What knowledge, skills and attitudes do students need to develop a healthy active lifestyle and make healthy choices for a lifetime?
- What needs to be kept, changed and added to current programs?
- What needs to change in terms of program implementation or curriculum structure?

Initially, codes were applied inductively to the text of the data from each location (Strauss, 1987). The data was reviewed line-by-line or by paragraph and labels were applied. The list of codes grew and a broader category was usually attributed to several passages. Miles and Huberman (1994) outline code types, three of which are descriptive, interpretive and pattern. Initially, descriptive and interpretive codes were used but were further defined by using previous wellness-related literature. After the initial codes were established, pattern coding was done and recurring themes were noted. It is important to note that the same codes were used across the data; however, additional codes were applied as necessary.

PART 2: SUMMARY OF STAKEHOLDER INPUT

A summary of stakeholder input from each focus group location and common themes or ideas identified in multiple locations are summarized below. Stakeholder input is organized to reflect the four main areas addressed during the consultations:

- What does wellness mean?
- What knowledge, skills and attitudes do students need to develop a healthy active lifestyle and make healthy choices for a lifetime?
- What needs to be kept, changed and added to current programs?
- What needs to change in terms of program implementation or curriculum structure?

Meaning of Wellness

Clearly defining "wellness" is an important first step in developing a new wellness program for all students in Alberta. Identifying the key themes from the words and phrases of stakeholders provides a framework for a wellness definition and the context to determine which topics and areas of study to include or exclude from a wellness program of study.

Process
Each focus group location discussed the meaning of wellness and brainstormed, both individually and in groups, key words and phrases that best define wellness in the context of Alberta schools and students.

Provincial Summary
Participants in each of the focus group locations identified the multidimensional nature of wellness and identified elements such as physical, mental, emotional and spiritual health. In addition, it was emphasized that these elements do not exist in isolation; it is the balance and interplay of these elements that constitute wellness. The importance of supportive relationships and environments was also identified as significant for wellness.

Below is a summary of the emerging themes from each focus group location after analyzing the words and phrases identified by participants. The frequency of comments related to each theme is indicated in parenthesis.

- **Calgary (32 participants)**: Quality (8); lifelong (4); dimensions and balance (4); choices (3); self (3); variety (3); comprehensive school health (2); practice (2); adaptability (2); awareness (1); financial (1); and fun (1).

  Participants described wellness as a quality of life and a way of being that involves continual and lifelong decision making. A balance of the multiple dimensions of wellness, such as physical, mental, emotional, spiritual and psychological health, was described as important to maximize the potential for healthy living.

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- **Calgary FNMI (15 participants):** Balance (14); support (10); components of wellness (9); confidence (5); connectedness (5); choices (3); modeling (3); environment (2); culture (1); energy (1); knowledge (1); and quality (1).

  Participants indicated that wellness is holistic in nature and involves balance between the four quadrants of the medicine wheel — physical, mental, emotional and spiritual. Recognizing healthy choices, knowing the consequence of those choices, and being supported by family, friends and the community to make healthy choices were also emphasized.

- **Edmonton (54 participants)**: Dimensions and balance (21); physical activity/active living (12); healthy habits (11); knowledge, skills and attitudes (9); supportive environment (9); choices (9); self-esteem (7); comprehensive school health (6); lifelong (5); healthy eating (5); community (5); practice (4); personal and social responsibility (4); resiliency (2); relationships (2); variety (1); and fun (1).

  Participants indicated that wellness is multidimensional in nature and should involve elements such as intellectual, spiritual, physical, social and emotional health. In addition, it was emphasized that these dimensions do not exist in isolation; it is the balance and interplay of these elements that constitute wellness.

- **Edmonton FNMI (11 participants):** Balance (19); components of wellness (16); knowledge (14); community support (6); basic needs (5); environment (4); respect (4); valuing health (4); equitable opportunities (3); modeling (3); autonomy (2); accepting diversity (1); choices (1); lifelong (1); relationships (1); and resources (1).

  Participants indicated that wellness is holistic in nature. A balance between the four quadrants of the medicine wheel — physical, mental, emotional and spiritual — was identified as important to live a positive and productive life. In addition, knowledge of how to live a healthy lifestyle, supported by relationships with peers, family and the community were significant elements of wellness. Alternative methods were used by some participants to express the dimensions of wellness. A diagram depicting the quadrants of the Medicine Wheel and holistic nature of wellness is included in Appendix 3.

- **Fort McMurray (10 participants)**: Self (9); knowledge (6); dimensions and balance (5); physical activity/active living (5); healthy eating (3); fun (2); sexuality (2); health outcomes (2); comprehensive school health (2); choices (1); and relationships (1).

  Participants indicated that wellness is multidimensional in nature and should involve elements such as physical, spiritual, emotional and psychological health. In addition, individual confidence and self-awareness were identified as important elements of wellness.

- **Grande Prairie (8 participants)**: Dimensions and balance (6); self (6); choices (2); physical activity/active living (2); healthy eating (1); practice (1); quality (1); and support (1).

  Participants indicated that wellness is multidimensional in nature and should involve a balance of elements such as physical, spiritual, emotional, mental and social health. In addition, an individual's attitude and acceptance of self were identified as important elements of wellness.

- **Lethbridge (10 participants):** Dimensions (6); physical activity/active living (6); community and family (4); environment (3); healthy eating (3); variety (3); knowledge (2); practice (2); responsibility (2); health outcomes (1); and lifelong (1).

  Participants indicated that wellness is multidimensional in nature and should involve elements such as physical, spiritual, emotional, mental and social health. The support of families, community and a safe environment were identified for wellness.

- **Lethbridge FNMI (9 participants)**: Choices (6); environment/modeling (6); balance (3); valuing health (3); life skills (1); and recognizing current needs (1).

  Participants described wellness as choices and taking ownership of healthy behaviours in all environments. The connection between and the need for a balance of the physical, emotional, spiritual and mental elements of health were emphasized.

- **Peace River FNMI (7 participants):** Community support (18); environment (17); choices (10); connectedness (8); relationships (8); balance (8); being self-sufficient (6); knowledge (6); modeling (4); valuing health (2); accepting diversity (2); confidence (2); absence of illness (1); behaviour change (1); self and others (1); and support services (1).

  Participants emphasized the importance of community support in achieving and maintaining wellness, which was described in terms of a balance between the physical, emotional, spiritual and mental self.

- **Red Deer (15 participants)**: Dimensions and balance (9); physical activity/active living (6); positive social environment (4); resiliency (4); healthy eating (3); lifelong (3); knowledge, skills and attitudes (3); health outcomes (1); and choices (1).

  Participants indicated that wellness is multidimensional in nature and should involve a balance of elements such as physical, spiritual, emotional, mental and social health. In addition, healthy and positive environments were identified as important for wellness.

- **St. Paul FNMI (6 participants):** Choices (14); valuing health (14); balance (9); environment/modeling (9); knowledge of culture and student needs (7); community (2); advocate (2); barrier to implementation (1); health services (1); and practice (1).

  Participants emphasized the importance of taking ownership, making healthy responsible choices and respecting the body in achieving and maintaining wellness, which was described in terms of a balance between the physical, emotional, spiritual and mental self.

- **Wetaskiwin FNMI (20 participants):** Balance (10); practice (6); self and others (5); choices (2); modeling (1); skills (1); and basic needs (1).

  Participants indicated that wellness is holistic in nature and involves balance between the mental, physical, spiritual and emotional dimensions. The importance of relationships and respect for self and others was also emphasized. Alternative methods were used by some participants to express the dimensions of wellness. A diagram depicting the quadrants of the Medicine Wheel and a visual representation of the MEEK Model are included in Appendix 3.

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Wellness Definitions

Process
Building on the words and phrases identified for the meaning of wellness, participants reviewed a number of definitions of "wellness", which were selected from *Wellness Curricula to Improve the Health of Children and Youth: A Review and Synthesis of the Literature,* Alberta Education, December 2007, and were asked to identify, in groups, the definition they felt best described wellness for Alberta schools.

Provincial Summary
All of the definitions that wellness participants identified and created as appropriate for Alberta schools reflect the concepts of a lifelong or ongoing process, choice, and balance among the dimensions of health; e.g., physical, mental, emotional and spiritual.

The most popular definitions identified below were selected by a group of participants at two or more of the six focus group meeting locations. The review of wellness definitions did not occur at the FNMI focus group meetings.

- Wellness is a state of emotional, mental, physical, social and spiritual well-being that enables people to reach and maintain their personal potential in their communities. (Note: selected by a group at four locations.)
- Wellness refers to the active, lifelong process of becoming aware of choices and making decisions to achieve optimal health and a more successful and balanced existence. (Note: selected by a group at three locations.)
- Wellness is an active process of becoming aware of and making choices toward achieving a more successful existence. Personal wellness occurs when one commits to a continuous, lifelong process of developing a lifestyle based on healthy attitudes and actions. Wellness extends the definition of health to encompass a process of awareness, education and growth. (Note: selected by a group at three locations.)
- Wellness is more than a concept. It is a way of life; an integrated enjoyable approach to living that emphasizes the importance of achieving harmony in all parts of the person: mind, body and spirit. It is a lifestyle that creates the greatest potential for personal well-being. More than an absence of illness, it is balance among all aspects of the person. (Note: selected by a group at two locations.)
- The conscious and deliberate process by which people are actively involved in enhancing their overall well-being: intellectual, physical, social, emotional, occupational and spiritual. (Note: selected by a group at two locations.)
- Well-being: Personal growth to maximize our potential — physically, mentally, emotionally and socially; being able to function and enjoy life; and having a personal zest for living. (Note: selected by a group at two locations.)
- Wellness is maximum health or total health. Personal wellness is a combination of physical, mental, emotional, spiritual and social well-being. It involves making choices and decisions each day that promote an individual's physical well-being, the prevention of illness and diseases, and the ability to remain physically, mentally, spiritually, socially and emotionally healthy. (Note: selected by a group at two locations.)
- Wellness is first and foremost a choice to assume responsibility for the quality of one's life. It begins with a conscious decision to shape a healthy lifestyle. Wellness is a mind set, a predisposition to adopt a series of key principles in varied life areas that lead to high levels of well-being and life satisfaction. (Note: selected by a group at two locations.)

After reviewing the wellness definitions provided in the literature review, groups of participants at the Lethbridge, Fort McMurray and Edmonton focus group meetings, as well as one group from the Calgary focus group, developed the following definitions of wellness. The locations that developed the following definitions have not been identified.

- **Wellness is** a conscious and deliberate process to achieve balance among four key components: having, loving, being and health.
- **Wellness is** a balance of emotional, mental, physical, social and spiritual well-being that empowers personal choices and decision making to achieve personal potential in the community.
- **Well-being consists of** four components: having, loving, health and balance. It involves conscious and deliberate decisions. Wellness is never static, but ongoing. Other related words/ideas: lifestyle, self-directed, community and emotional.
- **Wellness is** a state of emotional, mental, social and spiritual well-being allowing people to reach and maintain their personal potential by proper diet, exercise and habits throughout life, enabling them to be a contributor and role model in their community.
- **Wellness is** a lifelong state of emotional, mental, physical, social and spiritual well-being that enables people to reach and maintain their optimal level of health. Wellness involves choices about our lives and our priorities that determine our lifestyles.
- **Wellness is** a dynamic, lifelong process of making positive physical, emotional, spiritual, mental and social choices that lead to a balanced lifestyle and optimal health.
- **Wellness refers to** the active, lifelong process of becoming aware of choices and making decisions in a supportive environment to achieve a healthful and balanced life.
- **Wellness is** an awareness of a lifelong balance between an individual's social, physical, mental and spiritual dimensions. It is a personal, self-directed choice to remain active and healthy within one's own environment, while enhancing motivation, vitality and reaching individual potential.
- **Wellness is** the state of being healthy; lifelong; choices; goals; in all areas of life; harmony with mind, body, spirit; and maximizing health.
- **Wellness is** first and foremost a choice to assume responsibility for a quality of life. It begins with a conscious decision to shape a healthy lifestyle. Wellness is the quality of life we enjoy when the physical, psychological, social and spiritual dimensions of our lives are in balance.
- **Wellness is** making choices that bring quality, health and joy to one's life. It is a state of emotional, mental, physical, social and spiritual well-being that enables individuals to reach and maintain their optimal level of health.

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Wellness Program Content

Knowledge Skills and Attitudes

After exploring the meaning of wellness and reviewing definitions of wellness, identifying the knowledge, skills and attitudes needed to achieve and maintain wellness is an important next step in developing a new wellness program for all students in Alberta.

Process
Participants were asked to list words to describe the knowledge, skills and attitudes students need by the time they leave the school system to achieve wellness. This activity was incorporated into the larger group discussion regarding program content at the FNMI locations.

Provincial Summary
Participants in all focus group locations identified that students need: knowledge of a variety of topics, particularly physical activity and healthy eating, and an understanding of wellness; skills to make informed healthy decisions in daily life and practice making healthy choices in a supportive environment; and an attitude that values, appreciates and is dedicated to lifelong health for self and others.

Below is a summary of the emerging themes from each focus group location after analyzing the knowledge, skills and attitudes identified by participants. The frequency of comments related to each theme is indicated in parenthesis.

- **Calgary**: Wellness was not discussed in terms of knowledge, skills and attitudes.

- **Edmonton (54 participants)**: Choices and consequences (39); personal and social responsibility (36); physical activity (32); self (27); healthy eating (26); motivation (26); comprehensive school health (18); lifelong (15); resources (14); balance (13); goal setting (12); relationships (10); conflict management (8); communication (6); dimensions of health (6); stress management (5); practice (5); sexual health (5); valuing health (3); age appropriate (2); careers (2); culture (2); environment (2); fun (2); safety (2); and body systems (1).

  Participants indicated students should learn what constitutes healthy choices and practice making informed healthy choices in daily life. In addition, participants indicated the importance of knowing what resources are available in the community and how to access them to support healthy living for self and others.

- **Fort McMurray (10 participants)**: Physical activity (10); choices and consequences (7); healthy eating (4); lifelong (4); relationships (4); self (4); support (4); environment (2); practice (2); personal and social responsibility (2); resources (2); wellness (2); dimensions of health (2); balance (1); conflict management (1); resiliency (1); and safety (1).

  The majority of participants identified knowledge, skills and attitudes related to physical activity as important for wellness. An understanding of how to achieve wellness and an appreciation for lifelong health and opportunities to practice making healthy choices were also emphasized.

- **Grande Prairie**: Wellness was not discussed in terms of knowledge, skills and attitudes.

- **Lethbridge (10 participants)**: Physical activity (22); personal and social responsibility (18); motivation (15); healthy eating (13); body systems (8); community (5); self (4); lifelong (3); balance (3); accountability (3); resources (3); dimensions of health (3); choices (2); valuing health (2); fun (1); support (1); and variety (1).

  The majority of participants identified knowledge, skills and attitudes related to physical activity as important for wellness. Dedication to the lifelong commitment of achieving wellness and valuing health were also emphasized.

- **Red Deer (15 participants)**: Choices and consequences (5); personal and social responsibility (4); conflict management (2); support (2); graduation requirement (2); comprehensive school health (1); dimensions of health (1); physical activity (1); healthy eating (1); and finances (1).

  Participants indicated students should learn to be accountable for their own wellness and contributing to the wellness of others in the larger community. Gaining a sense of their role at home and in society was also identified as an important part of wellness.

What Needs to be Kept, Changed and Added

Process

Each focus group location was presented with a brief overview of the current wellness-related curricula including K–12 PE, K–9 Health and Life Skills, CALM, and the DPA Initiative. Participants reviewed each of the curricula individually and in grade-level groups to determine what outcomes, categories and concepts should be kept, changed and added in a wellness program.

Provincial Summary

Participants from all focus group locations expressed a desire to keep most of the content from the current PE, Health and Life Skills, and CALM programs of study. However, participants also indicated that changes could be made to better meet the needs of students. Concern about the amount of overlap between the health and PE programs emerged as an area to be addressed as well as opportunities for integrating health and PE content.

Although participants were able to analyze the current program of studies objectively for content, there were challenges making connections to a potential K–12 Wellness Program, as well as the concepts they identified related to the meaning of wellness and knowledge, skills and attitudes activities.

Below is a summary of the emerging themes from each focus group location. The top three emerging themes are summarized in the tables and other emerging themes are listed. The frequency of comments related to each theme is indicated in parenthesis.

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Calgary – 32 participants

Theme	Description	Sample Focus Group Comments
General and Specific Outcomes (18)	The majority of participants indicated that the general and specific outcomes included in the current health, PE, and CALM programs of study represented appropriate content for a wellness program. Suggestions for changing and/or modifying the outcomes of the current programs of study were also made to better meet the needs of students.	• Keep all three general outcomes headings in health (wellness, relationship, life learning) — it is balanced and clearly stated. • General Outcome B in PE — eliminate the word "appreciate" — cannot assess it.
Overlap/ Integration (15)	Areas of overlap between the health and PE programs were identified. The need to eliminate the overlap, as well as provide resources to help teachers identify opportunities for integration in other subject areas, was expressed.	• B7-4, B7-5, B8-4, B8-5, B9-4, B9-5 are all health outcomes and should be eliminated from PE. • Double label outcomes that are in one or more programs of study; e.g., label workplace safety outcomes with the health and science outcomes met.
Age Appropriate (4)	Participants highlighted examples of outcomes in the health, PE and CALM programs that are suited to the developmental readiness of students in specific grade levels.	• In general, because of student access to media/technology, health topics are having to be taught in earlier years. • Some of the CALM Personal Choice outcomes need to be taught in Grade 9 and Grade 10; e.g., P6, physical well-being in PE.

Other emerging themes included PE dimensions (2); facilities (2); teacher preparation/professional development (2); comprehensive school health approach (1); and resources (1).

Calgary FNMI – 15 participants

Theme	Description	Sample Focus Group Comments
Priority (3)	Participants indicated that health and PE need to be a priority in schools.	• We give health the back-burner. • Physical Education should be higher priority.
Relevance (3)	The need for programs to be relevant to societal issues was identified.	• Providing context/meaningful/ relevant. • Prioritize content.
Topics (3)	Topics for inclusion in wellness programs to reduce health-risking behaviours were offered.	• Self-worth, valuing self (re: sexually transmitted infections).

Other emerging themes included support/resources (3); overlap/integration (2); program organization (2); community support (1); and age appropriate (1).

Edmonton – 54 participants

Theme	Description	Sample Focus Group Comments
General and Specific Outcomes (25)	The majority of participants indicated that the general and specific outcomes included in the current health, PE, and CALM programs of study represented appropriate content for a wellness program. Suggestions for changing and/or modifying the outcomes of the current programs of study were also made to better meet the needs of students.	• Health — Keep curriculum for the most part. • B8 in PE — component of performance needs to be included to help achieve this; e.g., relaxation techniques that can be taught.
Overlap/ Integration (15)	Participants identified areas of overlap and opportunities for integration between the health and PE programs. The need to reduce the number of outcomes included in each program was expressed as well as the need to remove classroom-oriented outcomes from the PE program.	• Outcome B in PE is covered in wellness in Health — do we need it in both? • Good opportunity for PE and CALM teachers to work together on wellness. Merge the two — can we resolve this with scheduling? Get rid of the redundancy.
DPA Policy (7)	Concern was expressed about the current policy for DPA and the need for increased accountability for implementation of the DPA Initiative. Participants indicated more meaningful activity opportunities in the form of daily physical education should be offered.	• Policy for Daily Physical Activity should be changed from "school authorities shall ensure" to "school authorities must ensure." • Daily Physical Activity should be changed into daily physical education — it becomes part of the program of studies for PE.

Other emerging themes included topics to add (6); PE dimensions (4); mandatory high school physical education (4); instructional time (4); teacher preparation/professional development (3); assessment (3); comprehensive school health approach (3); facilities (3); illustrative examples (3); and choices (3).

Edmonton FNMI – 11 participants

Theme	Description	Sample Focus Group Comments
Experience (3)	Participants identified the importance of experiential learning.	• Take students out to elements. • Outdoor education.
Culture (2)	The need to recognize Aboriginal values and culture as part of a wellness program was expressed.	• Values and ceremonies and learning medicines. • Ecosystems — Traditional way was important.
Lifelong Learning (2)	Participants indicated that wellness is a lifelong and continuous process.	• Lifestyle choice — All part of living … continuous thing • Teaching tool — integrated within.

Other emerging themes included valuing health (1).

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Fort McMurray – 10 participants

Theme	Description	Sample Focus Group Comments
General and Specific Outcomes (9)	The majority of participants indicated that the general and specific outcomes included in the current health, PE, and CALM programs of study represented appropriate content for a wellness program. Suggestions for changing and/or modifying the outcomes of the current programs of study were also made to better meet the needs of students.	• Remove body image from GO B in PE — contradicts health message of positive body image. • Grade 9 health subject area is too broad. There should be less focus on life roles and career development.
Overlap/ Integration (5)	Participants identified areas of overlap and opportunities for integration between the health and PE programs. The need to remove classroom-oriented outcomes from the PE program was expressed.	• Integrate health and physical — nutrition for physical activity. • Separate classroom content from gymnasium content to avoid overlap and opportunity to fit into curriculum; i.e., nutrition.
Gymnastics (3)	Content and equipment concerns with the types of gymnastics dimension in the current PE program were identified.	• Emphasis on body awareness, movement, non-locomotor skills, and flex bend in gymnastics. • Gymnastics — safety concern, equipment concerns — use as warm-ups

Other emerging themes included program/organization (2); age appropriate (2); and accountability (1).

Grande Prairie – 8 participants

Theme	Description	Sample Focus Group Comments
General and Specific Outcomes (11)	The majority of participants indicated that the general and specific outcomes included in the current health, PE, and CALM programs of study represented appropriate content for a wellness program. Suggestions for changing and/or modifying the outcomes of the current programs of study were also made to better meet the needs of students.	• Keep safety/responsibility — keep Internet safety for very young. • Career and Life Choices in CALM — keep because this may be the only place it is taught. However, it should not be the major emphasis in the course. • Emphasize more self-assessment of fitness to create a greater awareness of wellness — self-assessment (reflection) is important.

Grande Prairie – 8 participants *(continued)*

Theme	Description	Sample Focus Group Comments
Overlap/ Integration (9)	Participants identified areas of overlap and opportunities for integration between the health and PE programs. The need to reduce the number of outcomes included in each program was expressed as well as the need to remove classroom-oriented outcomes from the PE program.	• Take out some Group Roles and Processes — some elements are important; however, most are common class practices and are covered throughout other core curricular areas like PE, science social and LA. • Number of specific outcomes in the ABCDs — it's not a user-friendly document.
Experiential Learning (1)	Participants identified the importance of classroom instruction to challenge students to move beyond knowledge to action.	• Cut out formal health lessons which are just facts. Emphasize making choices and problem-based learning.

No other emerging themes were included.

Lethbridge – 10 participants

Theme	Description	Sample Focus Group Comments
General and Specific Outcomes (14)	Participants indicated the general and specific outcomes included in the current health, PE, and CALM programs of study represented appropriate content for a wellness program. Suggestions for changing and/or modifying the outcomes of the current programs of study emerged in the topics theme discussed below.	• ABCD! Strong! • Keep all health outcomes.
Topics (14)	Topics to remove from the current programs of study and topics to add were identified by participants.	• Disregard CALM totally so we can bring back mandatory PE 20/30. • What doesn't matter: career development/life roles. • Knowledge of the body.
Overlap/ Integration (8)	Participants identified areas of overlap and opportunities for integration between the health and PE programs. The need to reduce the number of outcomes included in each program was expressed.	• Prioritize the grade level expectation for Health and Life Skills — condense! Cut back on the outcomes because we are not covering everything. • Blend the PE program of studies with Health — there is overlap; e.g., leadership, active community with the life learning choices.

Other emerging themes included program/organization (6); separate health and PE (2); mandatory high school PE (1); and comprehensive school health approach (1).

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Lethbridge FNMI – 9 participants

Theme	Description	Sample Focus Group Comments
Topics (7)	Topics for inclusion in a wellness program were identified. The topics identified are reflected in the current programs of study; e.g., body image, controlling emotions, and traditional and varied games.	• Reintroduce games — traditional and varied. • Talk to and teach children to eat fruits and vegetables.
Community Partners (5)	The need for teachers to work in partnership with families and the community was identified, despite the challenges associated with the task.	• Elders and people pray for health and well-being. • Parents and community need to be involved; getting 'buy-in' will be difficult; e.g., drinking water or juice instead of pop.
Culture/Ways of Knowing (5)	Participants identified components of a wellness program that reflect Aboriginal culture or an Aboriginal way of knowing.	• Reframing mentality and understanding symbolic nature and connections. • Spirituality as a way of life, one's connection to attitude, traditions, values; e.g., giving thanks, concept of appreciating Mother Earth (taking/picking berries and giving back — traditionally tobacco; "tobacco for giving").

Other emerging themes included approach to implementation (3); environment (3); barriers to implementation (2); and integration (1).

Peace River FNMI

Wellness program content was not discussed due to time constraints.

Red Deer – 15 participants

Theme	Description	Sample Focus Group Comments
General and Specific Outcomes (16)	The majority of participants indicated that the general and specific outcomes included in the current health, PE and CALM programs of study represented appropriate content for a wellness program. Suggestions for changing and/or modifying the outcomes of the current programs of study were also made to better meet the needs of students.	• Keep general outcomes in health. • Outcome C in PE — eliminate the term "followership" and add citizenship in its place — doesn't fit criteria for leadership; the term is not well understood or there is no common understanding of this term.

Red Deer – 15 participants *(continued)*

Theme	Description	Sample Focus Group Comments
Overlap/ Integration (9)	Participants identified areas of overlap and opportunities for integration in the current health and PE programs of study. Comments reflected both positive and negative aspects of the overlap of learning outcomes.	• Keep overlap with CALM — PE is practical and CALM allows a theoretical treatment. In CALM/Health, student can reflect on experiences in PE. • Keep the courses separate as they are now, but take a look at each of the three courses to cut down on some of the overlap.
Topics (5)	Topics and sub-topics to be included or added to the current programs of study were identified.	• Outcome D in PE — include another wellness category — wellness is always dynamic, always changing and something that needs to be continually evaluated. • Add an Emergency First Aid course to give students something very valuable. NOTE: CALM would then need to be a 5-credit course.

Other emerging themes included accountability (2); program/organization (2); teacher preparation (1); resources (1); and comprehensive school health approach (1).

St. Paul FNMI – 6 participants

Theme	Description	Sample Focus Group Comments
Environment/ Modeling (5)	The need to create an environment supportive of healthy choices and scheduling time for wellness to model healthy behaviours was identified.	• Once we remove junk food from the schools, kids won't go to the store. • Society has created unhealthy children and schools must be diligent in changing this condition — exercise, wholesome foods and relaxation and reflection are all part of a healthy lifestyle and schools may be the only place some children may learn of these skills.

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St. Paul FNMI – 6 participants *(continued)*

Theme	Description	Sample Focus Group Comments
Community Support (4)	Participants identified the importance of working in partnership with community members and organizations.	• Partnership with community members to run programs. • "Grandparents Day" — passing on values, knowledge, look after your body.
Balance (4)	Content and an approach to wellness programs that reflects balance emerged as a theme in participant discussions.	• Traditional Aboriginal teachings speak of the importance of balance — traditionally all illness was perceived as being caused by imbalance and healing was restoring balance. • Healthy means physically, mentally, spiritually, and emotionally.

Other emerging themes included integration (2); program integrity (2); valuing health (1); and practice in the community (1).

Wetaskiwin FNMI – 20 participants

Theme	Description	Sample Focus Group Comments
Topics (11)	Participants identified topics for inclusion in a wellness program. The topics reflect the physical, mental, emotional and spiritual dimensions.	• Teaching virtues and values. • Preventing diabetes. • Exercise (physical) — movement; e.g., round dances.
Community Support (6)	The need to include and support the community in the delivery of wellness programs was identified.	• It has to be schoolwide — everyone has to work together. • Parents are part of the equation now — could have wellness week/nights with full integration of family.
Integration (5)	Participants indicated the need to integrate wellness in all subject areas and throughout the school; however, the risk of integration was also expressed.	• It's about commitment too — has to be integrated into all subjects. • Risk factor to integrate.

Other emerging themes included implementation (4); knowledge of student needs (3); valuing health (2); self and others (2); and environment (1).

Wellness Program Structure and Implementation

The effectiveness of any curricula is influenced by its ability to be implemented in schools and classrooms. Identifying the key themes from the input of stakeholders provides valuable information to help ensure the successful implementation of a quality wellness program for students in all Alberta schools.

Process
Time was provided for focus group participants to reflect individually and in grade-level groups about program implementation and curricula structure to determine what would need to change to support a wellness program. This activity was incorporated into the larger group discussion regarding overall wellness program content and structure at the FNMI locations.

Provincial Summary
In all focus group locations, the need to support a teacher in each school in the province to coordinate, model and deliver a wellness program emerged as an area to be addressed, as did the need for a variety of accessible resources in the form of printed materials, professional development opportunities, and idea/strategy sharing to support the implementation of a quality wellness program. The importance of working in partnership with government ministries, communities, families and the whole school through a comprehensive school health approach and providing an environment supportive of healthy choices were identified as essential components of a successful wellness program.

Below is a summary of the emerging themes from each focus group location. The top three emerging themes are summarized in the tables and other emerging themes are listed. The frequency of comments related to each theme is indicated in parenthesis.

Calgary – 32 participants

Theme	Description	Sample Focus Group Comments
Resource/ Professional Development (7)	The need for a variety of resources in the form of printed materials, professional development, and idea/strategy sharing was identified to support the implementation of a quality wellness program.	• Suggestions/strategies to assist teachers with sensitive issues, e.g., obesity, abuse. Provide more specific strategies, especially at K–6. Include links to other resources. • In-servicing for implementation, with a particular emphasis on non-specialists (pay for sub costs).

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Calgary – 32 participants *(continued)*

Theme	Description	Sample Focus Group Comments
Funding (5)	Funding was identified as essential in the delivery of a quality wellness program. Participants expressed the importance of a simplified and supported process to access grant funding. Charging student fees for PE was identified as a barrier to participation.	• Provide incentives for schools to be healthy communities. Examples: funding, grant programs (simplified, simple process), Alberta Initiative for School Improvement — type program, which would allow for designation of teachers to promote wellness ("Wellness Champions"). • Funding for rural versus urban needs reconsideration.
Comprehensive School Health (4)	The importance of working in partnership with government ministries, community partners and others through a comprehensive school health approach was identified as essential to affect the health behaviours of students.	• A comprehensive approach to this issue of health in Alberta is critical — to just look at schools in isolation is not going to work. • Ensure alignment with community agencies.

Other emerging themes included staffing (4); separate health and PE (3); infrastructure (2), daily physical education (1); and instructional time (1).

Edmonton – 54 participants

Theme	Description	Sample Focus Group Comments
Overlap/ Integration (19)	Participants emphasized the need to reduce the duplication or overlap of outcomes in the current health and PE programs of study, as well as highlighting opportunities for integration in other subject areas.	• Maintain CALM and PE separately but reduce the duplication. • Streamline the overlap objectives in Health and Life Skills and PE. • Cross-curricular links.
Staffing (17)	Participants identified the need to support a teacher in each school to coordinate, model and deliver a wellness program, particularly related to PE.	• Have an emphasis on having health/PE specialists in all schools; e.g., a vested interest in the subject. Done properly. A generalist has PE as low priority. Spends little time planning and lacks time/energy. • The government should fund one PE specialist per school (physical fitness/health/mental etc; wellness is our future. Why wouldn't we put funding into our future?

Edmonton – 54 participants *(continued)*

Theme	Description	Sample Focus Group Comments
Funding (14)	Funding was identified as essential in the delivery of a quality wellness program. Participants expressed the importance of knowing how to access available funds without having to fundraise or charge student fees for participation.	• Transportation (costs etc.) cost effective implementation to be able to offer the alternative activities; e.g., aquatics. • Anything mandatory should be free. • Funding needed for quality implementation.

Other emerging themes included resources (14); teacher preparation/professional development (11); comprehensive school health approach (11); general and specific outcomes (10); modules (9), DPA policy (8), assessment (5), instructional time (4), infrastructure (4), graduation requirement (4); mandatory PE (3); prioritize outcomes (3); accountability (2); active component (2); careers (2); extracurricular (2); illustrative examples (2); separate health and PE (2); balance (1); cultural considerations (1); student choice (1); nutrition (1); gymnastics (1); and flexibility (1).

Fort McMurray – 10 participants

Theme	Description	Sample Focus Group Comments
Overlap/ Integration (8)	Participants emphasized the need to reduce the duplication or overlap of outcomes in the current health and PE programs of study, as well as highlighting opportunities for integration in other subject areas.	• Make cross-curricular connections; e.g., nutrition, biology, foods. • Offer PD to teachers for Daily Physical Activity to be implemented into subject areas; e.g., math games—thematic integration (infusion vs. formal PE).
Resource/ Professional Development (7)	The need for a variety of professional development opportunities and resources was identified to support the implementation of a quality wellness program.	• Offer pre-service courses on wellness. • Alberta Education needs to provide the resources, money and training for nutritional lunch programs. We can teach nutrition but cannot role model (junk in our canteens).
Accountability (4)	The need for increased accountability from the school, jurisdiction and government levels was identified as important to ensure the implementation of quality wellness programs.	• Wellness audits (assessment of your school's wellness program) and devise an implementation tool. The administration needs to buy-in. • Need professional accountability—wouldn't leave out polynomials.

Other emerging themes included comprehensive school health approach (4); scheduling (4); modules (3); flexibility (2); waterfall implementation (2); funding (1); and assessment (1).

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Grande Prairie – 8 participants

Theme	Description	Sample Focus Group Comments
Comprehensive School Health (7)	Participants indicated that wellness is a social responsibility. The importance of working in partnership with government ministries, communities, families, teachers of other subject areas and others through a comprehensive school health approach was identified as essential to affect the health behaviours of students.	• Partnership with Alberta Health and Wellness to create a Comprehensive School Health Program in schools. • The approach with multiple agencies is critical — it's not just education's responsibility from K–12. We have to be careful how to implement the revised program because each division level has unique ways of delivering the program.
Overlap/ Integration (3)	Participants identified the need to reduce the overlap of outcomes in the current health and PE programs of study. Suggestions for improving integration of wellness concepts in other subject areas were offered.	• Use a similar process to ICT outcomes to incorporate and reinforce wellness outcomes in core classes. Formal assessment of wellness outcomes still remains with PE/Health classes. • Reinforcement to bring wellness teachable moments throughout core classes. An increase in instructional hours for wellness would make more cores focus on wellness issues.
Graduation Requirement (3)	The completion of a course or courses related to wellness was identified as an important requirement for graduation.	• Have a combined CALM and PE (one 5-credit course) in Grade 11. • Credits don't change—still six. Wellness-related curriculum will go through elementary/junior high.

Other emerging themes included resources (2); instructional time (2); separate health and PE (2); staffing (1); daily physical education (1); accountability (1); and modules (1).

Lethbridge – 10 participants

Theme	Description	Sample Focus Group Comments
Resources (12)	The need for resources in the form of online and print materials to support implementation of a wellness program, as well as access to equipment and facilities was identified. Participants also indicated the need for easy-to-use resources for assessment of student learning and assessment of a wellness program.	• Travelling resources (such as heart monitors) would be very helpful for rural schools. Also sharing access to facilities and transportation.

Lethbridge – 10 participants *(continued)*

Theme	Description	Sample Focus Group Comments
Comprehensive School Health (11)	Participants indicated the importance of working in partnership with government ministries, communities, families and the whole school through a comprehensive school health approach to affect the health behaviours of students. The need for an environment supportive of healthy choices was also expressed.	• Expand the Ever Active Schools program. • We have a strong group of people in the health community who want to be involved in the schools; e.g., regional health authorities. There needs to be stronger partnership between Alberta Education and Alberta Health and Wellness. • Feed the hungry families/ students.
Staffing/ Professional Development (9)	Participants identified the need to support a teacher in each school to coordinate, model and deliver a wellness program and the importance of accessible professional development for all.	• We need to provide people with the confidence to teach this. • Our school division has a wellness coordinator to make the connections and calls, and make it happen for all the elementary schools.

Other emerging themes included overlap/integration (8); accountability (6); separate health and PE (3); scheduling (3); modules (2); instructional time (1); daily physical education (1); and choices (1).

Red Deer – 15 participants

Theme	Description	Sample Focus Group Comments
Accountability (5)	The need for increased accountability from the school, jurisdiction and government levels was identified as important to ensure the implementation of quality wellness programs.	• Raise the profile from the top down. Require accountability so schools/jurisdictions have responsibility for measuring success by ensuring implementation. • It must be scheduled into timetable (compulsory).
Staffing/ Professional Development (5)	Participants identified the need to support a teacher in each school to coordinate, model and deliver a wellness program, and the importance of accessible resources and professional development.	• In order for any of these curricula to succeed and make a difference, you need a key lead person (a champion) at the school level. In some cases it may need to be more than one person per school. • Provide for distribution of information and resources; networking opportunity; and time for professional development and lesson development.

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Red Deer – 15 participants *(continued)*

Theme	Description	Sample Focus Group Comments
Separate Health and PE (4)	Participants indicated concern with the possibility of combining the current health and PE programs or the complete integration of a wellness program into other subject areas.	• K–9 Health should be taught as an individual/separate course, not integrated into other courses (gets lost otherwise). • Keep PE and health as separate subject areas/disciplines because there are too many outcomes to ensure that all would be delivered.

Other emerging themes included resources (4); overlap/integration (4); CALM general outcomes (3); daily physical education (3); graduation requirements (3); comprehensive school health approach (2); instructional time (2); wellness course (2); name change (2); content (1); extracurricular (1); modules (1); mandatory K–12 (1); and theory/practice (1).

Conclusion

Alberta teachers, administrators and community members participated in focus group meetings to inform curriculum development. The consultations were undertaken to answer the following questions:

- Does K–9 Health and Life Skills + K–12 PE + CALM + DPA = Wellness?
- Do our current programs of study provide students with the knowledge, skills and attitudes to make lifelong healthy choices, develop healthy active lifestyles and achieve optimal wellness?

Stakeholders have indicated that most of the content from the current PE, Health and Life Skills, and CALM programs of study is appropriate for a new wellness program. However, stakeholders also indicated that changes could be made to better meet the needs of students and support the development of healthy active lifestyles.

The first part of the focus group meetings focused on exploring the meaning and definition of wellness. Wellness was defined as multidimensional in nature and includes elements such as physical, mental, emotional and spiritual health. In addition, these elements do not exist in isolation; it is the balance and interplay of these elements that constitute wellness. Supportive relationships and environments are necessary for students to achieve optimal wellness.

A definition of wellness appropriate for Alberta schools would reflect the concepts of a lifelong or ongoing process, choice and balance among the dimensions of health; e.g., physical, mental, emotional and spiritual.

The second part of the focus group meetings focused on the content of a new wellness program. In terms of the knowledge, skills and attitudes needed for students to achieve and maintain wellness, stakeholders identified:

- knowledge of a variety of topics, particularly physical activity and healthy eating, and an understanding of wellness
- skills to make informed healthy decisions in daily life and practice making healthy choices in a supportive environment
- an attitude that values, appreciates and is dedicated to lifelong health for self and others.

The amount of overlap between the current K–9 Health and Life Skills, K–12 PE, and CALM programs of study is an area to be addressed when developing a new wellness program. Opportunities for integrating content in health, PE and other subject areas should be reviewed and highlighted.

The final part of the focus group meetings focused on structure and implementation. Stakeholders identified that implementation of a new wellness program needs to be supported in a variety of ways to ensure the successful delivery of a quality program; e.g., support a teacher in each school in the province to coordinate, model and deliver a wellness program, and to provide a variety of accessible resources in the form of printed materials, professional development opportunities, and idea/strategy sharing.

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The importance of government ministries, communities, families and schools working in partnership through a comprehensive school health approach to create a culture of wellness in every school community and provide an environment supportive of healthy choices is an essential component of a successful wellness program.

Accountability is needed to ensure that implementation of a new wellness program is a priority in schools and jurisdictions. Schools need direction on how to adopt a comprehensive school health approach and create a culture of wellness in the school community while implementing all programs and mandated initiatives.

Appendix 1: Focus Group Agenda and Facilitation Outline

Alberta Education K–12 Wellness Focus Groups Agenda
January — February 2008

1. Welcome, Introductions and Purpose of the Day
2. What is "Wellness"? Defining "Wellness" in the Context of Alberta Schools

   Circle Break/Nutrition Break

3. Current Programs of Study — Part A

   Lunch Break

4. Current Programs of Study — Part B

   Circle Break/Nutrition Break

5. Programs of Study — Implementation
6. Wrap-Up
   i. Expense Claims
   ii. May we have a minute of your time ...
   iii. Closing Comments

K–12 Wellness Focus Group Facilitation Outline

A. Questions
- Does K–9 Health and Life Skills + K–12 Physical Education + CALM + DPA = Wellness?
- Do our current programs of study provide students with the knowledge, skills and attitudes to make lifelong healthy choices, develop healthy active lifestyles and achieve optimal wellness?

B. Why you are here
- There has been a variety of influences on student health and well-being over the past few years; e.g., new research, ACOL Recommendation #7, and a focus on improving children and youth health and wellness from other ministries.
- In order for Alberta Education to be responsive to the needs of students and school communities, opinions need to be heard and discussed.

C. Process
- Determine what wellness means to the room.
- Review existing programs for wellness.
- Discuss what needs to be kept/changed/added.
- Discuss models for delivery and implementation issues that affect curriculum development/delivery.

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D. Meaning of Wellness
- What is wellness?
- What words define wellness?
- Brainstorm key words/phrases that are important to define wellness for you and your students.
- Record in left column of your chart paper.

E. Wellness Definitions
- Scan your section of wellness definitions and highlight words/phrases you have on your chart paper and/or anything you find that represents the words from your chart paper.
- Add any additional words/phrases you think are important to the list and record in right column.
- Choose your top two definitions and record at the bottom of chart.

F. Knowledge, Skills and Attitudes KSA Carousel
- Write words to describe what knowledge, skills and attitudes students need to have by the time they leave our schools.
- What do students need to learn in a wellness program?
- What are the essential elements for wellness?

G. Programs of Study/DPA
- Review current programs of study and the DPA Initiative from the workbook.
- Highlight categories under General Outcomes.
- Highlight key elements important for DPA.

H. Programs of Study/DPA
- What needs to be kept, changed, added or eliminated?
- Jot down on "What to Keep" page what outcomes, categories, etc. should be kept.
- Record on "What to Change" page what you think should be altered, eliminated, or added.
- Start with General Outcomes and categories and then move into specifics. Considerations ...
- If something is a "must keep" — think about why and how it fits with student wellness programs.
- Are all of the KSAs identified in the room included in the current program of studies?
    - Do they need to be added or just change what is there to include them?
- If you are finding you don't have enough time to reach all of the outcomes in Health or PE or CALM, which outcomes do you routinely leave out — why?
- Should there be changes to how DPA is implemented — why?

I. Implementation/Structure
- What needs to change regarding program implementation/structure?
- *At the moment, the six credits allocated to PE and CALM will probably not change given current demands in the high school program.*
- *High school wellness outcomes could be delivered via models over three years so in grades 10, 11, and 12 opportunities are provided.*
- *There will still be wellness-related curricula K through 12. However, there is a lot of room for discussion; e.g., combine Health and PE.*
- *Student wellness is important to Alberta Education.*

Appendix 2: Data Analysis Sample

Meaning of Wellness

Location	Comment	Code	Frequency
CAL	Quality of life	QUAL	8
CAL	Way of being — lifestyle, each day	QUAL	8
CAL	Energy for daily living, vitality and quality	QUAL	8
CAL	Fullest potential	QUAL	8
CAL	Priority(ies)	QUAL	8
CAL	Quality of life	QUAL	8
CAL	Harmony	QUAL	8
CAL	Maximize potential	QUAL	8
CAL	Wellness as process/health — current state	LIFELONG	4
CAL	Optimal state of health ... role expectations	LIFELONG	4
CAL	Actively involved — never static	LIFELONG	4
CAL	Active lifelong process	LIFELONG	4
CAL	Conscious decision	CHOICES	3
CAL	Personal choice	CHOICES	3
CAL	Choice	CHOICES	3
CAL	Self-responsibility	SELF	3
CAL	Personal well-being	SELF	3
CAL	Assume responsibility	SELF	3
CAL	Variety of approaches	VARIETY	3
CAL	Interactive	VARIETY	3
CAL	Dynamic	VARIETY	3
CAL	Creative adaptation	ADAPT	2
CAL	Change and cope with environment	ADAPT	2
CAL	Balance	BAL	2
CAL	No dimension being neglected or overemphasized	BAL	2
CAL	Family, community, school	CSH	2
CAL	Community	CSH	2
CAL	Big picture — physical, emotional, spiritual, mental, psychological — growing, maintaining	DIM	2
CAL	Multidimensional	DIM	2
CAL	Practising healthy choices	PRACTICE	2
CAL	Habit	PRACTICE	2
CAL	Process of becoming aware, education and growth	AWARENESS	1
CAL	Occupational/financial	FINANCIAL	1
CAL	Enjoyable	FUN	1

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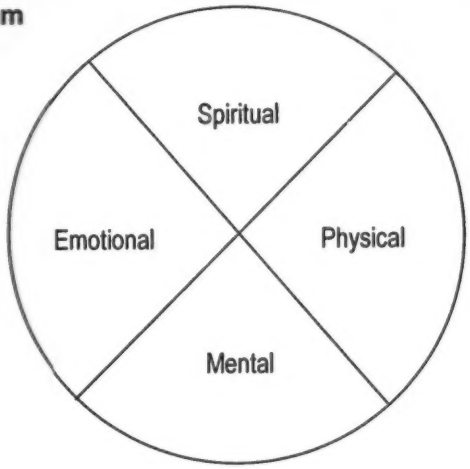
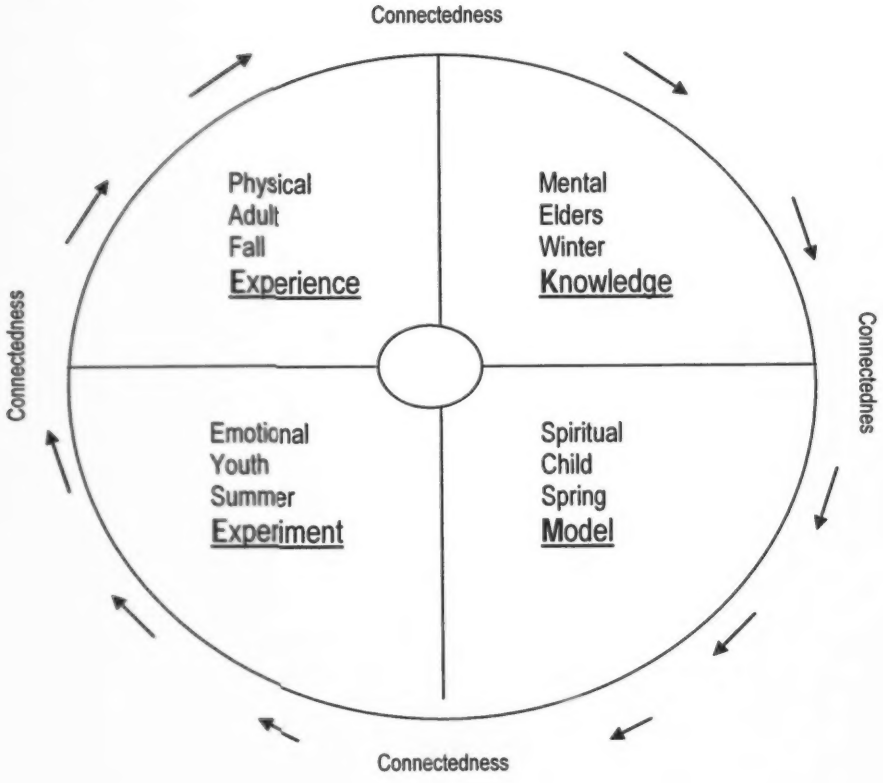
Appendix 3: Medicine Wheel and Meek Model Diagrams[1]

Medicine Wheel Diagram



MEEK Model



[1] Provided on chart paper by focus group participant.

References

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